

***** SENSITIVE INFORMATION / CLOSE HOLD *****

Department of the Navy Suicide Incident Report (DONSIR)



To DONSIR Point of Contact (POC):

Department of the Navy (DON) appreciates your assistance in completing this report on the known/suspected suicide casualty at your command. DONSIR was developed to collect data used in identifying military-specific suicide risk factors and strengthening DON's Suicide Prevention Program. The purpose is **not** to determine accountability or culpability for the service member's death.

Confidentiality: Only authorized members of Naval Health Research Center (NHRC) and Suicide Prevention Program Managers will have direct access to personal data. Computerized data will be kept in a secure location at NHRC, protected by strict ADP security procedures. If DONSIR information is requested under the Freedom of Information Act, every effort will be made to release aggregated data only.

Instructions: Information for this report should come from: • *written records* and
• *interviews with military personnel.*

1. Accessing the decedent's service and medical records first will efficiently answer most of the factual information requested in this report. ***Act quickly to access these records before they are transferred elsewhere.*** Other documents that could prove useful are counseling records, casualty reports, the autopsy report, the toxicology report, the ballistics report, security reports, investigative reports, the CHCS Medical Appointments List, Log/List of psychiatric or FAP appointments, sworn statements, financial (debt) records, the suicide note, and interview reports.
2. Enlist the assistance of knowledgeable professionals. Your best source is likely the command CACO. Other sources might include military police, legal officers, family service center professionals, drug and alcohol counselors, chaplains, the CO, the XO, supervisors, and co-workers. While some of the information requested in the "Medical Information" section can be obtained from the decedent's medical records, the rest may best be obtained from the decedent's medical care and mental health professionals, and/or close associates. A form to record interviews is included twice as page 8 and may be reproduced as needed. You may find it useful to ask interviewees for responses to DONSIR items on other pages, as well.
3. On pages 9 and 10 of the DONSIR, please summarize your &/or command conclusions and recommendations. These responses will be used to compile a "Lessons Learned" summary for the Fleet and to guide prevention program development.

Please return the entire form within 4 weeks of receipt in the envelope provided. Before mailing, you are encouraged to fax the completed form to your respective Suicide Prevention Program Manager at the number below.

Thank you for your careful completion of this report.

Please direct any questions or comments to:

Valerie Stander, Ph.D.
Naval Health Research Center
DSN 553-7174, Comm (619)553-7174
Fax: DSN 553-8378, Comm (619)553-8378
E-mail: Stander@nhrc.navy.mil

or to your respective Suicide Prevention Program Manager:

CDR Thomas Gaskin
HQMC (MRO)
DSN 378-9435, Comm (703)432-9435
Fax: DSN 278-9825/6,
Comm (703)784-9825/6
E-mail: GaskinTA@manpower.usmc.mil

CDR Kevin Kennedy
NPC
DSN 882-4256, Comm (901)874-4256
Fax: DSN 882-6839/2698,
Comm (901)874-6839/2698
E-mail: Kevin.Kennedy1@navy.mil

DON Suicide Incident Report (DONSIR)

Page 1
SECNAV 5350/1 (12-02)

Purpose: To capture risk-factor data on (suspected or known) suicide cases; *not* to determine possible negligence or accountability, and *not* for cases of unsuccessful suicide attempt. **Note:** If a specific item cannot be answered, please use the comments box at the end of that section to explain why. This report will ask for an estimate of your time involvement.

Information on POC Completing this DONSIR:

1a. (POC's:) Rank & Name: _____
 1b. Paygrade: _____ 2. Job Title: _____
 (E6, O2, W4, etc.)
 3. Command: _____
 4. Phone: DSN _____ - _____ Comm. (_____) _____ - _____
 or Non-U.S.: _____
 5. E-mail address: _____

6. (POC's) Background:

- ☐ 1. Medical/Health
☐ 2. Legal/JAG/Investigative/CACO
☐ 3. Chaplain/Clergy
☐ 4. Administrative/Personnel
☐ 5. Other/Combination; specify: _____

7. How well did you know the decedent? (circle a number): 1---2---3---4---5---6---7---8---9---10

Not At All

Extremely Well

Decedent/Casualty Information

1. Decedent's Name: (Last, First, Suffix [=Jr., etc.]) _____		2. SSN: _____ - _____ - _____		3. Branch: <input type="checkbox"/> 1. USN <input type="checkbox"/> 3. USMC <input type="checkbox"/> Male <input type="checkbox"/> 2. USNR <input type="checkbox"/> 4. USMCR <input type="checkbox"/> Female		4. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female																																	
5. Birth Date (YYYY/MM/DD): ____/____/____		6. Date of Entry (YYYY/MM/DD): ____/____/____		7a. Time Served (adjusted for broken service, time UA, etc.): ____ years & ____ months.		7b. Does Time Served Include Prior Service? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 0. There is none. <input type="checkbox"/> 2. No <input type="checkbox"/> 8. Can't determine.																																	
7c. If not included in Time Served, amount of prior military service: ____ years & ____ months.		8. Duty Status at Time of Suicide: <input type="checkbox"/> 1. On duty <input type="checkbox"/> 4. On liberty <input type="checkbox"/> 2. UA <input type="checkbox"/> 5. On leave <input type="checkbox"/> 3. Deserter <input type="checkbox"/> 6. Incarcerated		9. Duty Assignment at Time of Suicide: <table border="0"> <tr> <td>No</td><td>Yes</td><td>No</td><td>Yes</td> </tr> <tr> <td>1</td><td>2</td><td>1</td><td>2</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">1. Permanent Station</td> <td colspan="2">6. Appellate Leave</td> </tr> <tr> <td colspan="2">2. TAD/TDY/FltAssteProg.</td> <td colspan="2">7. Medical Facility</td> </tr> <tr> <td colspan="2">3. Reservist on AcDuTraing.</td> <td colspan="2">8. Correctional Facility</td> </tr> <tr> <td colspan="2">4. Other Training</td> <td colspan="2">9. Other (TPU, etc.); specify: _____</td> </tr> <tr> <td colspan="2">5. Transferring to new cmd.</td> <td colspan="2"></td> </tr> </table>				No	Yes	No	Yes	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Permanent Station		6. Appellate Leave		2. TAD/TDY/FltAssteProg.		7. Medical Facility		3. Reservist on AcDuTraing.		8. Correctional Facility		4. Other Training		9. Other (TPU, etc.); specify: _____		5. Transferring to new cmd.			
No	Yes	No	Yes																																				
1	2	1	2																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																				
1. Permanent Station		6. Appellate Leave																																					
2. TAD/TDY/FltAssteProg.		7. Medical Facility																																					
3. Reservist on AcDuTraing.		8. Correctional Facility																																					
4. Other Training		9. Other (TPU, etc.); specify: _____																																					
5. Transferring to new cmd.																																							
10a. Was the decedent at a frocked paygrade (at the next-higher paygrade without pay) at the time of the suicide? <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes		10b. Paygrade (unfrocked) at Time of Suicide Act: (E3, O2, W4, etc.)		10c. Highest Paygrade Ever: (E3, O2, W4, etc.)		11. Occupational Rate (for USN Enlisted) or Designator (USN Officer) or MOS (USMC): Examples: <u>YN</u> ____; <u>2 3 0 5</u> ; <u>6 0 1 2</u> . (USN enl) (USN ofr) (USMC)																																	
12a. Race/Ethnicity: <input type="checkbox"/> 1. Caucasian <input type="checkbox"/> 5. Asian/Malaysian/Pac. Islndr. <input type="checkbox"/> 2. African Amer. <input type="checkbox"/> 6. Eskimo / Aleutian Islander <input type="checkbox"/> 3. Hispanic <input type="checkbox"/> 7. Unknown by decedent <input type="checkbox"/> 4. Amer. Indian <input type="checkbox"/> 8. Other: _____		12b. Ethnic Group (from Report of Casualty DD-1300, box 6e): <input type="checkbox"/> 1. None <input type="checkbox"/> 3. (other) Hispanic <input type="checkbox"/> 14. Guamanian <input type="checkbox"/> 2. Mexican <input type="checkbox"/> 8. American Indian <input type="checkbox"/> 16. Vietnamese <input type="checkbox"/> 4. Spanish <input type="checkbox"/> 9. Aleutian <input type="checkbox"/> 19. Other; specify: _____ <input type="checkbox"/> 5. Puerto Rican <input type="checkbox"/> 11. Filipino <input type="checkbox"/> 6. Latin Amer. <input type="checkbox"/> 13. Korean																																					
13. Religious Preference: <input type="checkbox"/> 1. Catholic <input type="checkbox"/> 4. Protestant; specify (Lutheran, Baptist, etc.): _____ <input type="checkbox"/> 2. Jewish <input type="checkbox"/> 5. Atheist/Agnostic <input type="checkbox"/> 3. Mormon <input type="checkbox"/> 6. No Religious Preference; None <input type="checkbox"/> 4. Christian, no denominational preference <input type="checkbox"/> 7. Other: _____				14. In response to this event, was: <table border="0"> <tr> <td>No</td><td>Yes</td> </tr> <tr> <td>1</td><td>2</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">1. a JAG or Investigative Officer assigned?</td> </tr> <tr> <td colspan="2">2. an NCIS report (to be) completed?</td> </tr> <tr> <td colspan="2">3. a toxicology report (to be) completed?</td> </tr> <tr> <td colspan="2">4. an autopsy (to be) done?</td> </tr> </table>				No	Yes	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1. a JAG or Investigative Officer assigned?		2. an NCIS report (to be) completed?		3. a toxicology report (to be) completed?		4. an autopsy (to be) done?																			
No	Yes																																						
1	2																																						
<input type="checkbox"/>	<input type="checkbox"/>																																						
1. a JAG or Investigative Officer assigned?																																							
2. an NCIS report (to be) completed?																																							
3. a toxicology report (to be) completed?																																							
4. an autopsy (to be) done?																																							
15a. Was decedent awaiting any of the following? <table border="0"> <tr> <td>No</td><td>Yes</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">1. Admin. sep., for: _____</td> </tr> <tr> <td colspan="2">2. Med. Board, for: _____</td> </tr> <tr> <td colspan="2">3. Physical Eval. Board, for: _____</td> </tr> <tr> <td colspan="2">4. Other legal judgment/processing: _____</td> </tr> <tr> <td colspan="2">5. Release from med./legal/other holding: _____</td> </tr> </table>				No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	1. Admin. sep., for: _____		2. Med. Board, for: _____		3. Physical Eval. Board, for: _____		4. Other legal judgment/processing: _____		5. Release from med./legal/other holding: _____		16. Was the Body Recovered? <input type="checkbox"/> 1. No (not found, lost at sea, etc.) <input type="checkbox"/> 2. Yes																					
No	Yes																																						
<input type="checkbox"/>	<input type="checkbox"/>																																						
1. Admin. sep., for: _____																																							
2. Med. Board, for: _____																																							
3. Physical Eval. Board, for: _____																																							
4. Other legal judgment/processing: _____																																							
5. Release from med./legal/other holding: _____																																							
b. If yes for any, how long awaiting? ____ weeks prior to suicide.				17. Is the exact date of the suicide <u>act</u> known? <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes																																			

Casualty Information –continued

Page 2

18. **Date Body Found** (YYYY/MM/DD): ____/____/____
(If body not found, leave blank & no comment required.)

19. **Date of Suicide Act** (YYYY/MM/DD): ____/____/____
(If exact date of act is unknown, enter official casualty date.)

20. **Day of Week of Act:**

- ☐ 1. Saturday ☐ 5. Wednesday ☐ 8. Undeterminable (found
unknown num. of days
later, not found, etc.)
☐ 2. Sunday ☐ 6. Thursday
☐ 3. Monday ☐ 7. Friday
☐ 4. Tuesday ☐ 9. Not now known

21. **Time of Suicide Act** (24-hour clock; local time): ____:____:____
(Leave blank unless known or estimatable to within a few hours.)

22. **Casualty Site:** city: _____
& state: ____ or OCONUS country: _____

Decedent's Command (Where Serving, Whether Permanent or Temporary):

23. **Command Name:** _____

24. **Command UIC (USN) or RUC&MCC (USMC):** _____ - _____

25. **Command Location:** city: _____
& CONUS state: ____ or OCONUS country: _____

26. **If decedent's command was USN, what was command's Claimant or Echelon II?** (If USMC cmd. or unknown, leave blank & no comment required.)

- ☐ 1. CNET ☐ 3. LANT ☐ 5. NRC ☐ 11. Other, specify:
☐ 2. PAC ☐ 4. EUR ☐ 6. RESFOR _____

27. **Type of Unit:** (select the single, most precise response)

- ☐ 01. Aviation ☐ 06. Medical ☐ 11. MC Base/Station
☐ 02. Surface ☐ 07. Academy ☐ 12. CE; Command Element
☐ 03. Submarine ☐ 08. RTC / MCRD ☐ 13. ACE; Air Combat Element
☐ 04. Seabee ☐ 09. Joint Command ☐ 14. GCE; Ground Combat Elem.
☐ 05. SEAL ☐ 10. Major HQ ☐ 15. CSSE; Combat Serv. Supp. E.
☐ 16. Service School: _____
☐ 17. Other Shore: _____
☐ 18. Other Ship: _____

(specify type
or name or
acronym)

28. **Was Unit Deployed?** ☐ 1. No ☐ 2. Yes

29. **Place of Suicide:**

- a. ☐ 1. CONUS ☐ 2. OCONUS
b. ☐ 1. Off Government property
☐ 2. On Gov. property, shipboard, underway
☐ 3. On Gov. property, shipboard, pierside
☐ 4. On Gov. property, non-shipboard
c. ☐ 1. Home/Barracks/ Qtrs/Garage ☐ 4. Confinemt. facility
☐ 2. Work/Job site ☐ 5. Other building
☐ 3. Medical ☐ 6. Remote public area
☐ 7. Common publ. area
☐ 8. Other: _____

30. **Method:**

- ☐ 1. Firearm/Gunshot ☐ 5. Ingestion
☐ 2. Cutting/Piercing ☐ 6. Jump from height
☐ 3. Hanging ☐ 7. Vehicular impact
☐ 4. Carbon Monoxide ☐ 8. Other, specify: _____

31. **Describe act:** _____

32. **If jumped**, from what structure?

- ☐ 1. Building ☐ 3. Ship
☐ 2. Bridge ☐ 4. Other: _____

33. **If gunshot**, weapon source:

- ☐ 1. Duty weapon or military issue ☐ 3. Other, specify:
☐ 2. Owned by decedent _____

34. **How much access to a firearm did decedent have at work?**

- ☐ 1. unlimited ☐ 2. limited ☐ 3. no access

35. **What was decedent's job requirement, if any, to maintain firearm training?**

- ☐ 1. about daily ☐ 3. about monthly ☐ 5. none; N/A
☐ 2. about weekly ☐ 4. about yearly

36. **Was a suicide note found?** ☐ 1. No ☐ 2. Yes ☐ 9. Unk.

37a. **Was alcohol involved just prior to or during the incident:**

- ☐ 1. No (no evidence or BAL <0.01 g/dl).
☐ 2. Unlikely (not suspected and/or BAL not performed).
☐ 3. Likely (suspected due to presence at site or interview(s) or BAL pending).
☐ 4. Yes (confirmed by lab or interview).

b. **If yes**, blood alcohol level/content (BAL or BAC): ____ . ____ g/dl

38. **Evidence of other substance involvement:**

No Unlikely Likely Yes

- ☐ ☐ ☐ ☐ a. Psychotropic/pain/sleep prescription med.
☐ ☐ ☐ ☐ b. Other prescription medication(s)
☐ ☐ ☐ ☐ c. Non-prescription medication(s)
☐ ☐ ☐ ☐ d. Other legal substance/chemical(s)
☐ ☐ ☐ ☐ e. Illegal/Illicit substance/chemical(s)
☐ ☐ ☐ ☐ f. Other: _____

1 2 3 4

39. **Any evidence the incident involved death-risk gambling** (Russian roulette, walking railroad tracks, etc.)?
☐ 1. No ☐ 2. Yes

40a. **Was there any accompanying act of violence** (threats, hostage-taking, assault, homicide, etc.)?

- ☐ 1. None (known of) ☐ 2. Yes

If yes (if no, skip sub-items b & c, no comment required):

b. Was a homicide involved? ☐ 1. No ☐ 2. Yes

c. What was relationship with murdered (romantic interest, spouse's friend, co-worker, etc.)? _____

41. **Was anyone within range to vocally** (through a locked door, etc.) **or physically** (hands on) **intervene at the time of the suicide act?**

- ☐ 1. No ☐ 2. Yes ☐ 3. Undetermined

42. *For items in the preceding section, your comments (optional) for any item and/or a brief explanation (required) for each unanswered item (refer to decedent as SNM):*

Military Service Information

Page 3

<p>1. Decedent's Highest Education Level:</p> <p><input type="checkbox"/> 1. <HS graduate <input type="checkbox"/> 6. 3-year nursing degree</p> <p><input type="checkbox"/> 2. HS GED <input type="checkbox"/> 7. Bachelor-level degree</p> <p><input type="checkbox"/> 3. HS diploma <input type="checkbox"/> 8. Masters-level degree</p> <p><input type="checkbox"/> 4. Some college <input type="checkbox"/> 9. Post-Masters-level</p> <p><input type="checkbox"/> 5. Assoc. degree</p>	<p>14. Ever any hazardous duty or combat assignment?</p> <p><input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes</p>
<p>2. Latest Marital Status:</p> <p><input type="checkbox"/> 1. Married</p> <p><input type="checkbox"/> 2. Living as married</p> <p><input type="checkbox"/> 3. Never married and not living as married</p> <p><input type="checkbox"/> 4. Legally separated / Divorced / Widowed; if sep./divorced/widowed, since when (YYYY/MM/DD): ____/____/____</p>	<p>15. How many deployments (30 consecutive days or longer) in the 3 years prior to incident?</p> <p><input type="checkbox"/> 1. None <input type="checkbox"/> 2. One <input type="checkbox"/> 3. Two <input type="checkbox"/> 4. Three or more</p> <p>16. Did decedent PCS in the 6 months prior to the incident?</p> <p><input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes</p> <p>17. Was a PCS expected in the 6 months following the incident?</p> <p><input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes</p> <p>18. Highest level of security clearance within 12 months prior?</p> <p><input type="checkbox"/> 1. Unclassified <input type="checkbox"/> 3. Secret</p> <p><input type="checkbox"/> 2. Confidential <input type="checkbox"/> 4. Top Secret</p>
<p>3. Lived-at residence for most of the 30 days prior:</p> <p><input type="checkbox"/> 1. Ship <input type="checkbox"/> 4. Owned/leased house/apartment</p> <p><input type="checkbox"/> 2. Barracks <input type="checkbox"/> 5. Other: _____</p> <p><input type="checkbox"/> 3. Family qtrs.</p>	<p>19. Date of end of obligated service (if enlisted): (YYYY/MM/DD): ____/____/____</p> <p>20. Date decedent reported aboard command where assigned at the time of the suicide: (YYYY/MM/DD): ____/____/____</p>
<p>4. Was residing <u>with</u> (at above location):</p> <p>No Yes 1 2</p> <p><input type="checkbox"/> <input type="checkbox"/> a. Squadbay/Ship's Company (or military group of >4)</p> <p><input type="checkbox"/> <input type="checkbox"/> b. Roommate(s) (other than above)</p> <p><input type="checkbox"/> <input type="checkbox"/> c. Spouse/Partner</p> <p><input type="checkbox"/> <input type="checkbox"/> d. Parent(s)</p> <p><input type="checkbox"/> <input type="checkbox"/> e. Child(ren)</p> <p><input type="checkbox"/> <input type="checkbox"/> f. Other type(s): _____</p> <p><input type="checkbox"/> <input type="checkbox"/> g. No one; resided alone</p>	<p>21. During the decedent's last 30 active-duty days, how many full 24-hour days were spent:</p> <p>a. On official leave, <u>excluding</u> overnight pass, 3-day pass, shore leave, or liberty: ____</p> <p>b. Deployed at sea or in the field: ____</p> <p>22. Assess decedent's level of integration or interaction in the unit.</p> <p><input type="checkbox"/> 1. None; kept to self <input type="checkbox"/> 3. Average; got along OK</p> <p><input type="checkbox"/> 2. Marginal; minimal <input type="checkbox"/> 4. Above aver.; well regarded</p> <p><input type="checkbox"/> 5. Strong; highly regarded</p>
<p>5a. The level of the decedent's last Overall Performance rating:</p> <p><input type="checkbox"/> 1. Above average <input type="checkbox"/> 3. Below aver.</p> <p><input type="checkbox"/> 2. Aver. <input type="checkbox"/> 0. (None done; <i>skip date</i>)</p> <p>(YYYY/MM/DD)</p> <p>b. Performance rating date: ____/____/____</p>	<p>23. Assess the decedent's support system. (<i>circle one number</i>)</p> <p><u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u></p> <p>No Friends; Some Friends; Many Friends; Little/No Support Average Support Good Support</p>
<p>6a. The level of the decedent's next-to-last Overall Performance rating:</p> <p><input type="checkbox"/> 1. Above average <input type="checkbox"/> 3. Below aver.</p> <p><input type="checkbox"/> 2. Aver. <input type="checkbox"/> 0. (None done; <i>skip date</i>)</p> <p>(YYYY/MM/DD)</p> <p>b. Performance rating date: ____/____/____</p>	<p>24. Level of participation in off-duty productive or positive activities (hobbies, sports, education, religious groups, etc.)?</p> <p><input type="checkbox"/> 1. None <input type="checkbox"/> 4. Regular</p> <p><input type="checkbox"/> 2. Infrequent <input type="checkbox"/> 5. Very Frequent</p> <p><input type="checkbox"/> 3. Occasional</p>
<p>7. Number <u>months</u> decedent had been assigned to command where serving at time of suicide (<1 = 0): ____ months.</p>	<p>25. Over the 6 months prior to the suicide act, the decedent's military performance and work behavior was described by supervisors or co-workers as:</p> <p><input type="checkbox"/> 1. Poorer than usual <input type="checkbox"/> 2. Usual <input type="checkbox"/> 3. Better than usual</p>
<p>8. Promotion status on last eval/report:</p> <p><u> </u> Navy <u> </u> Marine Corps</p> <p><input type="checkbox"/> 1. Early Promote <input type="checkbox"/> 6. Recommended</p> <p><input type="checkbox"/> 2. Must Promote <input type="checkbox"/> 7. Not Recommended</p> <p><input type="checkbox"/> 3. Promotable for Promotion</p> <p><input type="checkbox"/> 4. Progressing</p> <p><input type="checkbox"/> 5. Unsatisfactory Or: <input type="checkbox"/> 0. (No evals done)</p>	<p>26. Supervisors or co-workers characterized the decedent's behavior in the two weeks prior to the suicide act as:</p> <p><input type="checkbox"/> 1. Usual</p> <p><input type="checkbox"/> 2. Unusual (<i>specify</i>): _____</p> <p><input type="checkbox"/> 3. Not observed by any of them in the 2 wks. prior</p>
<p>9. Failed last PRT or in remedial PRT? <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes</p>	<p>27. Supervisors or co-workers characterized the decedent's behavior on the day of the suicide act as:</p> <p><input type="checkbox"/> 1. Usual</p> <p><input type="checkbox"/> 2. Unusual (<i>specify</i>): _____</p> <p><input type="checkbox"/> 3. Not observed by any of them the day of the act</p>
<p>10. Recently failed selection or denied reenlistment? <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes</p>	<p>28. Did the decedent comment about future plans or life goals in the weeks prior to the suicide act?</p> <p><input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 8. No evidence/info available</p>
<p>11. Ever demoted?</p> <p><input type="checkbox"/> 1. No <input type="checkbox"/> 3. More than once</p> <p><input type="checkbox"/> 2. Once <input type="checkbox"/> 0. (N/A; was still at lowest paygrade)</p>	<p>29. Did the decedent recently communicate suicidal ideation/intent to anyone?</p> <p><input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 8. No evidence/info available</p>
<p>12. Evidence of waiver (for any reason) to enter the service?</p> <p><input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes, for: _____</p> <p>13. Service-entry AFQT score (if Enlisted): ____</p>	

30. Which of these relationship problems applied to the decedent relatively recent to the suicide?

No **Yes** **NE** (=No Evidence/Info Available)

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Geographical sep. from immediate family. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Conflict with or estrangement from a family member other than spouse. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Marital affair. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Marital separation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Divorce. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. Break up of other romantic relationship. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Violence toward an adult. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. Child maltreatment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. Difficulty with child custody arrangements. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j. Death of a loved one. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k. Other: _____ |

31. Any recent evidence of: *(select code of most recent)*

Codes: 1 = No, not within 12 months prior to suicide
 2 = Yes, between 3-12 months prior to suicide
 3 = Yes, within 3 months prior to suicide
 8 = (No evidence/info available)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. School problems (dissatisfied with school, poor performance, adjustment problem, problems with teacher/peer, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Job dissatisfaction (unwanted billet/PCS, wanted out of military, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Other work problems (training failure, problems with supervisor/co-worker, adjustment problems, poor performance review, not selected for promotion, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Did decedent work other than a regular daytime work shift (night shift, split shift, week-ends, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Any documented problems with authority (Captain's Mast, NJP, Page13, Page11, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. Evidence of recent job loss (admin./involuntary sep., relieved of duty, reassignment for performance problems, etc.)? |

(#31 continued:)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Any evidence of military non-medical, legal or administrative problems (UCMJ violation, court-martial, investigation, EEO complaint, disciplinary counseling, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. Any evidence the decedent had committed sexual abuse or domestic violence? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. Was decedent accused of or under investigation or apprehension for any other criminal behavior (other sexual misconduct, fraternization, other crime against person/property, homicide, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j. Any serious financial problems (bankruptcy, letters of indebtedness, gambling, bill collectors, bad credit rating, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k. Was the decedent the subject of civil legal difficulty (civil arrest, child custody dispute, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | l. Any recent interest in or arrangements for his/her personal affairs (changes to will, SGLI beneficiaries, private medical insurance, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | m. Did the decedent experience a recent relationship problem (breakup, separation, affair, divorce, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | n. Any recent death of a loved one, relative, friend, Sailor/Marine? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | o. History of violent/aggressive behavior? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | p. Problems regulating emotion (anger, anxiety, impulse control, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | q. Problems handling/managing job stress? |

32. Was the decedent anticipating the onset of other legal/admin or job qualifications problems related to the decedent's:

No **Yes** **NE** (=No Evidence/Info Available)

- | | | | |
|--------------------------|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. financial situation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. behavior/actions/conduct? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. physical health developments? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. mental health developments? |

33. For items in the Military Service Info section, your comments (optional) for any item and/or a brief explanation (required) for each unanswered item (refer to decedent as SNM):

Situational Factors	Use of Services
<p>1. Has the decedent's command experienced any of the following within one year prior to the suicide act?</p> <p>No Yes</p> <p style="margin-left: 20px;">1 2</p> <p><input type="checkbox"/> <input type="checkbox"/> a. Natural disaster (hurricane, flood, earthquake, etc.)</p> <p><input type="checkbox"/> <input type="checkbox"/> b. Move/Transfer/Reorganization</p> <p><input type="checkbox"/> <input type="checkbox"/> c. High ops tempo</p> <p><input type="checkbox"/> <input type="checkbox"/> d. Deployment</p> <p><input type="checkbox"/> <input type="checkbox"/> e. New CO</p> <p><input type="checkbox"/> <input type="checkbox"/> f. Other change in cmd. climate:</p>	<p>1. Any evidence the decedent recently used the following services? (select code of most recent)</p> <p>Codes: 1 = No, not within 12 months prior to the suicide 2 = Yes, between 3-12 months prior to the suicide 3 = Yes, between 1-3 months prior to the suicide 4 = Yes, within 1 month prior to the suicide 8 = (No evidence/info available)</p> <p style="margin-left: 20px;">1 2 3 4 8</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> a. Civilian medical treatment facility.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> b. Military medical, inpatient.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c. Military medical, outpatient.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> d. Substance abuse services.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> e. Mental health service.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> f. Financial counseling.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> g. Anger management.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> h. Stress management.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> i. Exceptional Family Member Program.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> j. Family Advocacy Program.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> k. Chaplain service.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> l. Gulf War registry (Comprehensive Clinical Evaluation Program).</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> m. Other support service; Specify: _____</p>
<p>2. Within 1 year prior to this suicide, how many <u>other</u> suicides occurred at the decedent's command?</p>	
<p>3a. Within 1 year prior to this suicide, how many nonfatal suicide attempts/gestures occurred at the decedent's command? (enter number, <u>including any by decedent</u>): _____</p> <p>b. How many of those were by the decedent?</p>	
<p>4a. Did decedent's command conduct suicide prevention training?</p> <p><input type="checkbox"/> 1. No</p> <p><input type="checkbox"/> 2. Yes, longer ago than 1 year before the suicide</p> <p><input type="checkbox"/> 3. Yes, within 1 year of the suicide act</p> <p><input type="checkbox"/> 4. Yes, within 6 months</p> <p><input type="checkbox"/> 5. Yes, within 3 months</p> <p>b. Did the decedent attend? <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes</p>	

5. For above (Situational or Use) items, your comments (optional) for any item and/or a brief explanation (required) for each unanswered item (refer to decedent as SNM):

Medical Information	
<p>1. How many outpatient visits for any medical (physical or mental) problems in the 12 months prior to the suicide?</p> <p><input type="checkbox"/> 1. None <input type="checkbox"/> 2. 1-2 <input type="checkbox"/> 3. 3-7 <input type="checkbox"/> 4. 8-12 <input type="checkbox"/> 5. 13+</p> <p>2. Any currently prescribed medications? <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes</p> <p>If yes, specify: _____</p> <p>3. Recent <u>physical</u> health problems requiring treatment or prescribed medication: Codes: 1 = No, not within 12 months prior to the suicide 2 = Yes, between 3-12 months prior to the suicide 3 = Yes, within 3 months prior to the suicide</p> <p style="margin-left: 20px;">1 2 3</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> a. Recent catastrophic diagnosis (cancer, HIV-pos., etc.)?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> b. Chronic illness/condition (back pain, migraine, diabetes, etc.)?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c. Serious injury/disability?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> d. Other(s): _____</p> <p>4a. Did decedent receive a <u>referral</u> for a psychiatric eval./treatment (tx) within about 1 year prior? <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 9. Unknown</p> <p>4b. Did decedent receive eval/tx for a psychiatric condition (including suicidal ideation or attempt) within 1 year prior to the suicide act?</p> <p><input type="checkbox"/> 1. No, not within 12 months prior</p> <p><input type="checkbox"/> 2. Yes, most recently between 3-12 months prior</p> <p><input type="checkbox"/> 3. Yes, most recently within 3 months prior</p> <p><input type="checkbox"/> 8. (No evidence/info available)</p> <p>If yes: (if no, skip sub-items c through h, no comment required)</p> <p>c. DSM-IV primary diagnosis (most recent):</p> <p>_____</p> <p>_____</p>	<p>(#4 continued:)</p> <p>Axis I: _____/_____/_____</p> <p>Axis II: _____/_____/_____</p> <p>Axis III: _____</p> <p>Axis IV: _____</p> <p>Axis V: _____</p> <p>d. Last date of tx (YYYY/MM/DD): ____/____/____</p> <p>e. Disposition from eval/tx for psychiatric condition(s):</p> <p>No Yes</p> <p style="margin-left: 20px;">1 2</p> <p><input type="checkbox"/> <input type="checkbox"/> 01. Outpatient at time of suicide</p> <p><input type="checkbox"/> <input type="checkbox"/> 02. Inpatient at time of suicide</p> <p><input type="checkbox"/> <input type="checkbox"/> 03. Returned to full duty, no follow-up care</p> <p><input type="checkbox"/> <input type="checkbox"/> 04. Returned to full duty, with follow-up care</p> <p><input type="checkbox"/> <input type="checkbox"/> 05. Referred for alcohol or drug treatment</p> <p><input type="checkbox"/> <input type="checkbox"/> 06. Referred for limited duty board</p> <p><input type="checkbox"/> <input type="checkbox"/> 07. Referred to physical/medical eval. board</p> <p><input type="checkbox"/> <input type="checkbox"/> 08. Referred to medical holding</p> <p><input type="checkbox"/> <input type="checkbox"/> 09. Admin. separation recommended</p> <p><input type="checkbox"/> <input type="checkbox"/> 10. Other: _____</p> <p>f. Evidence of non-compliance with recommended tx?</p> <p><input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes: _____</p> <p>g. Number of times hospitalized for psych. condition(s)?</p> <p><input type="checkbox"/> 1. None <input type="checkbox"/> 2. One <input type="checkbox"/> 3. Two or more</p> <p>h. If hospitalized, most recent duration: _____ week(s)</p>

5a. Any previous suicide gestures/attempts?

- ☐ 1. No ☐ 3. Two ☐ 5. Four or more
☐ 2. One ☐ 4. Three ☐ 8. (No evidence/info available)

b. If yes, for most recent previous incident: (if no, skip b sub-items)

i. Method:

- ☐ 01. Firearm/Gunshot ☐ 04. Carbon Monoxide
☐ 02. Cutting/Piercing ☐ 05. Ingestion
☐ 03. Hanging ☐ 06. Jump from height
☐ 07. Other: _____

ii. Describe act: _____

iii. Date (YYYY/MM/DD): ____/____/____

6. Any evidence of family history (excluding the decedent) of:

Codes: 1 = No; the evidence is negative.
2 = Yes; the evidence is positive.
8 = (No evidence/information is available.)

- | | |
|---|---|
| <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ⁸ a. Substance abuse? | <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ⁸ c. Suicide gestures/attempts? |
| <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ⁸ b. Depression? | <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ⁸ d. Suicide? |

7. Any evidence of pre-service psychiatric problems?

- ☐ 1. No ☐ 2. Yes: _____ ☐ 8. NE*

8. Any evidence decedent was a child abuse victim?

- ☐ 1. No ☐ 2. Yes: _____ ☐ 8. NE*

9. Evidence decedent was troubled by a childhood/pre-service traumatic event (incident of loss or injury or abuse, etc.)?

- ☐ 1. No ☐ 2. Yes: _____ ☐ 8. NE*

10. Evidence was adult victim of physical or sexual abuse?

- ☐ 1. No ☐ 2. Yes: _____ ☐ 8. NE*

11. Did decedent recently express/demonstrate:

No Yes NE*
1 2 8

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. A desire to die? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. A desire to be free of all problems? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Lack of interest in usual activities? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Feelings of depression? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Feelings of hopelessness/uselessness? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. Feelings of anxiety? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Feelings of powerlessness? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. Feelings of failure? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. Feelings of shame, guilt, or remorse? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j. Changes in usual sleep patterns? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k. Changes in eating patterns? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | l. Weight gain or loss? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | m. Change in usual mood? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | n. Rejection by loved one? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | o. Feeling of being burden to others? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | p. Loneliness? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | q. Isolation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | r. Impulsivity? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | s. Self-deprecation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | t. Self-mutilation? |

12. During the last 30 days that decedent was observed by military associates (irrespective of suicide date), about how often did the decedent engage in the following physical activities?

Codes: 1 = 5 to 7 days a week
2 = 1 to 4 days a week
3 = 1 to 3 days in last duty month
4 = Never in last duty month
8 = (No evidence/info available)

- | | |
|---|--|
| <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³ <input type="checkbox"/> ⁴ <input type="checkbox"/> ⁸ | <input type="checkbox"/> a. Run, job, bike, hike, or briskly walk for 20 minutes or more? |
| <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³ <input type="checkbox"/> ⁴ <input type="checkbox"/> ⁸ | <input type="checkbox"/> b. Engage in some other strenuous physical activity (handball, soccer, swimming laps, etc.) for 20 minutes or more? |
| <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³ <input type="checkbox"/> ⁴ <input type="checkbox"/> ⁸ | <input type="checkbox"/> c. Engage in mild physical activity (non-passive sports or games, like baseball) more for recreation than exercise? |
| <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³ <input type="checkbox"/> ⁴ <input type="checkbox"/> ⁸ | <input type="checkbox"/> d. Engage in other exercise work-out (weight-lifting, calisthenics, yoga, etc.)? |

13. During the last 30 days the decedent was observed by military associates (irrespective of suicide date), how often did decedent drink alcohol?

- ☐ 1. 5-7 days a week ☐ 3. 1-3 days in last 30
☐ 2. 1-4 days a week ☐ 4. None in last 30 days ☐ 8. NE*

14. When the decedent drank alcohol, what was the usual amount at a time (--within several hours)?

- ☐ 0. Didn't drink alcohol in last 30 observed days
☐ 1. 1 serving (1 8-oz beer, 1 4-oz wineglass, 1 jigger of liquor)
☐ 2. 2 servings ☐ 5. 5 servings ☐ 8. NE*
☐ 3. 3 servings ☐ 6. 6 servings
☐ 4. 4 servings ☐ 7. 7 or more servings

15. Decedent's usual alcoholic drink of choice in last 30 observed days?

- ☐ 1. Beer ☐ 2. Wine ☐ 3. Liquor ☐ 4. Other: _____
☐ 0. None in last 30 observed days ☐ 8. NE*

16a. Any recent alcohol-related problems (frequently intoxicated, binge drinking, DUI, etc.)?

- ☐ 1. None within 12 months prior to suicide
☐ 2. Yes, between 3-12 months prior
☐ 3. Yes, within 3 months prior
☐ 8. (No evidence/info available)

b. If yes: (if no, skip b sub-items)

- i. Ever known to drive while drunk? ☐ 1. No
☐ 2. Yes
☐ 8. NE*

ii. Any alcohol-problem DSM-IV diagnostic code?

- ☐ 1. No ☐ 2. Yes: _____ ☐ 8. NE*

iii. Treatment (tx) status:

- ☐ 1. In tx ☐ 4. Tx/Aftercare completed
☐ 2. Failed tx ☐ 5. No tx
☐ 3. In aftercare ☐ 6. Other: _____

17. For preceding items in the Medical Info section, your comments (optional) for any item and/or a brief explanation (required) for each unanswered item (refer to decedent as SNM):

18. Any evidence decedent used in the 3 months prior:

No Yes NE*
1 2 8

- ☐ ☐ ☐ a. alcohol?
☐ ☐ ☐ b. caffeine (caffeinated soda, tea, coffee, etc.)?
☐ ☐ ☐ c. tobacco?
☐ ☐ ☐ d. weight loss drug (Ripped Fuel, Xenadrine, Metabolife, Hydroxycut, ephedrine-based drug, etc.)?
☐ ☐ ☐ e. body-building drug (steroids, androsteine, etc.)?

19. Any change within 2 weeks prior to the suicide act in the decedent's use of:

No Yes NE*
1 2 8

- ☐ ☐ ☐ a. alcohol? If yes, change: _____
☐ ☐ ☐ b. caffeine? If yes, change: _____
☐ ☐ ☐ c. tobacco? If yes, change: _____
☐ ☐ ☐ d. weight-loss drug? Change: _____
☐ ☐ ☐ e. body-building drug? Change: _____
☐ ☐ ☐ f. other? specify substance: _____
 & if Other, specify change: _____

20. Did decedent have any history of drug use/abuse (other than alcohol/nicotine/caffeine)?

- ☐ 1. No ☐ 2. Yes, with: _____ ☐ 8. NE*

21. Any evidence the decedent used any of the following in the year prior? (select code of most recent use)

Codes: 1 = No positive evidence within 12 months prior to suicide
 2 = Yes, between 3-12 months prior to suicide
 3 = Yes, within 3 months prior to suicide
 8 = (NE*)

- 1 2 3 8
☐ ☐ ☐ ☐ a. Body-building drug (steroids, androsteine, etc.).
☐ ☐ ☐ ☐ b. Weight-loss drug (Ripped Fuel, Xenadrine, Metabolife, Hydroxycut, ephedrine-based drug, etc.).
☐ ☐ ☐ ☐ c. Ritalin.
☐ ☐ ☐ ☐ d. Amphetamine (meth, Dexedrine, etc.).
☐ ☐ ☐ ☐ e. Tranquilizer/Depressant.
☐ ☐ ☐ ☐ f. Marijuana/Hashish/THC.
☐ ☐ ☐ ☐ g. Cocaine/Crack/Heroin/Morphine/Opium.
☐ ☐ ☐ ☐ h. Inhalant: _____
☐ ☐ ☐ ☐ i. Designer drug/Hallucinogen (ecstasy, PCP, LSD, ketamine, GHB, etc.).
☐ ☐ ☐ ☐ j. Other: _____

22. For how many of the last 30 days that the decedent was observed by military associates did decedent's physical health seem not good?

- ☐ 1. 28-30 days (not good about every day)
☐ 2. 20-27 days (5-6 days a week, on average)
☐ 3. 11-19 days (3-4 days a week, on average)
☐ 4. 4-10 days (1-2 days a week, on average)
☐ 5. 2-3 days in the last 30 observed days
☐ 6. Once in the last 30 observed days
☐ 7. Never in the last 30 observed days
☐ 8. (No evidence/info available)

23. For how many of the last 30 days the decedent was observed by military associates did decedent's mental health seem not good (signs of stress, depression, emotional problems, etc.)?

- ☐ 1. 28-30 days (not good about every day)
☐ 2. 20-27 days (5-6 days a week, on average)
☐ 3. 11-19 days (3-4 days a week, on average)
☐ 4. 4-10 days (1-2 days a week, on average)
☐ 5. 2-3 days in the last 30 observed days
☐ 6. Once in the last 30 observed days
☐ 7. Never in the last 30 observed days
☐ 8. (No evidence/info available)

24. For how much of the last week that the decedent was observed by military associates did decedent seem depressed?

- ☐ 1. 5-7 days ☐ 2. 3-4 days ☐ 3. 1-2 days
☐ 4. Less than 1 day or Never in last week ☐ 8. NE*

25. For how much of the year prior did the decedent's ability to perform his/her military job seem to be interfered with by:

Codes: 1 = A Lot 3 = A Little 5 = No Stress Apparent in Year Prior
 2 = Some 4 = Not At All 8 = NE*

- 1 2 3 4 5 8
☐ ☐ ☐ ☐ ☐ ☐ a. stress at work?
☐ ☐ ☐ ☐ ☐ ☐ b. stress in family life?

26a. During the time the decedent was assigned to the duty station at the time of suicide, did anyone in the military, in response to stress observed in the decedent, offer or provide support (sympathy, counsel, referral, etc.)...

i. ...in the several weeks prior to the suicide act?

- ☐ 1. No stress observed ☐ 3. Yes, on 1 occasion
☐ 2. No ☐ 4. Yes, more than once ☐ 8. NE*

ii. ...or before the several weeks prior to the suicide act?

- ☐ 1. No stress observed ☐ 3. Yes, on 1 occasion
☐ 2. No ☐ 4. Yes, more than once ☐ 8. NE*

If support was not offered, skip sub-items b through d.

b. **If offered**, what level of support was ever offered (at decedent's command-at-time-of-suicide)?

No Yes NE*
1 2 8

- ☐ ☐ ☐ a. sympathetic ear
☐ ☐ ☐ b. advice
☐ ☐ ☐ c. formal referral
☐ ☐ ☐ d. personal aid (ride, loan, accompaniment, etc.)
☐ ☐ ☐ e. other: _____

c. **If offered**, what was decedent's immediate response to the most recent offer?

- ☐ 1. Very hostile ☐ 4. Somewhat appreciative
☐ 2. Somewhat resentful ☐ 5. Very appreciative
☐ 3. Polite/Neutral ☐ 8. NE*

d. **If offered**, how did the offer seem to affect decedent's disposition/mood/attitude over the next day or so?

- ☐ 1. Much worse ☐ 4. Somewhat better
☐ 2. Somewhat worse ☐ 5. Very much better
☐ 3. Seemed the same ☐ 6. Suicide within that time ☐ 8. NE*

27. For items on this page, your comments (optional) for any item and/or a brief explanation (required) for each unanswered item (refer to decedent as SNM):

Page 8

Use one form per respondent. Make and insert copies of this blank page as needed. Enter a/b/c, etc., to above page number.

b. Respondent's freq. of contact with decedent: 1 2 3 4 5 6 7 8

c. Date(s) of interview (YYYY/MM/DD): _____

d. Form filled out by (circle one): respondent / POC

2. Please provide a description of the deceased's behavior or emotional state prior to the fatal event.

[illegible]

3. In your view, what seemed to be the event(s) or problem(s) that led to the deceased's (alleged) suicide?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

POC: Are there items in the preceding sections this interviewee can help answer?

Command Interview Form

Page 8

Directions: This form is to be used to record information from a military person (other than yourself) familiar with the decedent (supervisor, co-workers, peers in berthing spaces/barracks, etc.). Interviews should be conducted only with individuals who are directly affiliated with the military (and not with any member of the decedent's family).

Use one form per respondent. Make and insert copies of this blank page as needed. Enter a/b/c, etc., to above page number.

1a. Respondent's relation to decedent: chaplain / supervisor / co-worker / berth-/room-mate / peer / CACO / other: _____
(circle one) 1 2 3 4 5 6 7

b. Respondent's freq. of contact with decedent: daily / almost daily / weekly / almost weekly / monthly / several times / once / none
1 2 3 4 5 6 7 8

c. Date(s) of interview (YYYY/MM/DD): _____

d. Form filled out by (circle one): respondent / POC
1 2

2. Please provide a description of the deceased's behavior or emotional state prior to the fatal event.

3. In your view, what seemed to be the event(s) or problem(s) that led to the deceased's (alleged) suicide?

End of Command Interview Form

POC: Are there items in the preceding sections this interviewee can help answer?

POC's Narrative Summary

Page 9

1. What were the relevant stressors/events surrounding this suicide? For each stressor/event, indicate the sequence or timeframe (the day before the suicide, 2 hours before last seen, a few weeks earlier, during about 3 months prior, an upcoming court appearance scheduled two days after the suicide, etc). (*Refer to decedent as SNM.*)

2. Has this incident prompted any formal or informal changes in command procedures? (If yes, specify.)

3. How do you think this incident will/should change suicide prevention efforts of people at your command (including informally)?

4. Do you or your command have any recommendations to improve the Suicide Prevention Program?

5. This page was filled out: (a.) On what date(s)? (YYYY/MM/DD): _____

(b.) By whom? Name/Role/Position: _____

Note: Please respond to feedback section on the next page.

Continue →

1. Assess difficulty with use of record sources:

a. Decedent's Service Record:

No Yes
1 2

- ☐ ☐ 1. Available?
☐ ☐ 2. Easy to obtain?
☐ ☐ 3. Complete?
☐ ☐ 4. Useful?

b. If 'No,' specify reason: _____

c. Decedent's (non-dental) Medical Record:

No Yes
1 2

- ☐ ☐ 1. Available?
☐ ☐ 2. Easy to obtain?

No Yes
1 2

- ☐ ☐ 3. Complete?
☐ ☐ 4. Useful?

d. If 'No,' specify reason: _____

e. Other records/reports (including 2ndary mental health recs); specify type(s): _____

No Yes
1 2

- ☐ ☐ 1. Available?
☐ ☐ 2. Easy to obtain?

No Yes
1 2

- ☐ ☐ 3. Complete?
☐ ☐ 4. Useful?

f. If 'No,' specify type of record & reason: _____

2. Assess difficulty with use of people sources:

a. Non-command people (--anyone from another command, civilian police, etc.):

No Yes
1 2

- ☐ ☐ 1. Easy to contact?
☐ ☐ 2. Cooperative?
☐ ☐ 3. Good sources of information?

b. If 'No,' specify type of person & reason: _____

c. Command interviewees:

No Yes
1 2

- ☐ ☐ 1. Easy to contact?
☐ ☐ 2. Cooperative?
☐ ☐ 3. Good sources of information?

d. If 'No,' specify type of person & reason: _____

3. What DONSIR items were the most difficult to answer?

Page# Item# Reason (refer to decedent as SNM)

4. Approximately how much time did it take you to complete this report (include time acquiring records, reviewing records or information, entering responses to non-interview items, contacting interviewees, interviewing & entering responses)?

____ hour(s)

5. What questions/concerns does the command have about the Suicide Incident Report or process?

6. What suggestions do you or your command have for improving the process of data collection?

